

Issued: 11/98

Appendix 15

Fixed Prosthodontic Services

Please note that local anesthesia is included in the fee for procedures requiring anesthesia and is not separately billable. When a provider uses anesthesia, the anesthesia charge should be included in the amount billed for the procedure.

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<i>Other Fixed Prosthetic Services:</i>				
06545	Retainer - cast metal for resin-bonded fixed prosthesis	Yes	All	Tooth numbers 1-32, SN only.
06930	Recement fixed partial denture	No	All	
06940	Stress breaker	Yes	All	Copy of lab bill required.
06980	Fixed partial denture repair, by report	Yes	All	Copy of lab bill required.
W7310	Fixed prosthodontic retainer	Yes	All	Tooth numbers 1-32, SN only.
W7320	Fixed prosthodontic pontic	Yes	All	Tooth numbers 1-32, SN only.

Issued: 11/98

Appendix 15 Fixed Prosthodontic Services (continued)

COVERED SERVICES

DEFINITION

Fixed prosthodontic services include fixed prosthodontic or acid etch retainers, pontics, repairing damaged fixed bridges, and permanently recementing fixed bridges.

The recementing of a fixed bridge, either of acid-etch retainer type or conventional crown/inlay/onlay retainers, is limited to permanent cementation.

PRIOR AUTHORIZATION

FIXED PROSTHODONTIC SERVICES

Prior authorization (PA) is required for fixed bridge retainers, pontics, and acid etch retainers. Coverage is limited to recipients who cannot safely wear a removable partial denture due to a preexisting medical condition.

PA requests for fixed prosthetic services are only considered when the following criteria can be documented:

- The recipient cannot wear a removable partial or complete denture.
- The recipient has periodontally healthy teeth.
- The recipient has good oral hygiene.

BRIDGE REPAIR

Repairing a fixed bridge requires PA. The PA requests for the repair of a fixed prosthetic device are only considered when the following criteria can be documented:

- The fixed bridge is functional.
- The recipient has periodontally healthy teeth.
- The recipient has good oral hygiene.

FIXED PROSTHODONTIC PRIOR AUTHORIZATION REQUEST DOCUMENTATION

The following documentation must be submitted with a PA request for a fixed prosthodontic appliance:

- A minimum of periodontal charting and periapical radiographs of all abutment teeth.
- A periodontal status and oral hygiene status.
- An explanation of unsuccessful wearing or attempt to wear a removable prosthetic appliance.

If necessary, a study cast may be requested by Wisconsin Medicaid.

ADDITIONAL INFORMATION

In addition to this summary, refer to:

- The preceding pages for a complete listing of Medicaid-covered fixed prosthodontic services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.